

TEST ADMINISTRATION STATEMENT

For use of this form, see AR 611-5; the proponent agency is DCS, G-1.

FOR IN-SERVICE EXAMINEES ONLY

1. NAME OF EXAMINEE	2. AKO ID	3. RANK	4. DATE (YYYYMMDD)
5. UNIT OF ASSIGNMENT		6. NAME OF TEST OR BATTERY	
7. NAME OF TEST EXAMINER	8. TEST SITE LOCATION		9. TEST ACCOUNT ID

10. **I understand that I am not required to take the above named test, this date, provided that there are extenuating circumstances such as fatigue, illness, emotional distress, family, or financial problems, etc., which may interfere with my performance in the test; and that the test will be administered at another time acceptable to me, the Test Control Officer concerned, and my unit commander.**

☐ I AM PHYSICALLY AND MENTALLY ABLE TO BE TESTED THIS DATE.

☐ I AM NOT PHYSICALLY AND OR MENTALLY ABLE TO BE TESTED THIS DATE. I WILL BE ADMINISTERED THIS TEST AT ANOTHER TIME.

11. **I certify that I am eligible to take this test because:**

☐ I HAVE NOT TAKEN A DLPT IN THIS LANGUAGE WITHIN THE LAST SIX MONTHS AS PER AR 611-6.

☐ I HAVE NOT TAKEN THE DLAB WITHIN THE LAST SIX MONTHS, NOR ACHIEVED A SCORE OF 95 OR HIGHER ON A PREVIOUS DLAB TEST, NOR HAVE I TAKEN MORE THAN TWO DLAB TESTS.

☐ I HAVE NOT TAKEN THE AFAST WITHIN THE LAST SIX MONTHS, NOR ACHIEVED A SCORE OF 90 OR ABOVE ON PREVIOUS AFAST TEST, NOR HAVE I TAKEN MORE THAN ONE AFAST TEST.

☐ I HAVE NOT TAKEN THE ASVAB OR THE AFCT WITHIN THE LAST SIX MONTHS, NOR HAVE I TAKEN MORE THAN THREE AFCT TESTS.

☐ I HAVE NOT TAKEN THIS ARMY PERSONNEL TEST WITHIN THE LAST SIX MONTHS AS PER AR 611-5.

- OR -

☐ I HAVE BEEN GRANTED AN EXCEPTION TO POLICY TO RETEST WITHIN SIX MONTHS LIMITATION AND HAVE PROVIDED A COPY OF THE EXCEPTION TO THE TEST CONTROL OFFICER.

Further, I understand that making a false statement on this form may subject me to criminal prosecution under the provisions of Article 107, Uniform Code of Military Justice, or section 1001, Title 18, U.S. Code.

12. SIGNATURE OF EXAMINEE	13. SIGNATURE OF EXAMINER	14. DATE (YYYYMMDD)
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